

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name Smokin' Finks BBQ (mobile)				Telephone Number	Date of Inspe (mm/dd/yr)	ection PERMIT #	
Establishment Address (number and street, city, state, zip code)					10/16/2	019 19-283	
		·	•			''	
Owner D Murphis, IN 47143				502 762 6553	—		
Patrick Frank				Purpose:	Follow-up Release Date TES TODA		
Owner's Address				2. Follow-up	Summary of		
i			• •	3. Complaint	Dummary of	violations, ;	
Person in Charge Patrick Frak				4. Pre-Operational	4. Pre-Operational CZ NC R		
Responsibl	e Person's E	-mail		5, Temporary	Menu Type	(See back of page)	
				6. HACCP		,	
Certified F	ood Manage	r	N. P.	7. Other (list)	1 2	3 X 4 5	
Patrick	Frank	(4/27/23)			^		
	•	•	E CHECKLIST AND NARRATIVE	COLUMNICA A DICES CON		· · · · · · · · · · · · · · · · · · ·	
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• VIOLATIO			US INSPECTIONS ARE DENOTED	D IN THE "SUMMARY OF VIOLATIONS" A	AND IN THE NAI	RRATIVE BELOW AS "R"	
Section#	C/NC	R	···········	arrative	Т	o Be Corrected By	
187	C	Measured	smoke items at 1	20° F		Corrected	
343	17 C Measure smoke items at 120° F 43 C Observé no maker anailable for hand marking					Corrected	
<u></u>				- 4212 0-11,00-19		CONTRACTE C	
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·		Above	issues were correct	day PIC chicked			
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Received by (name and title printed):				Inspected by (name and title	Inspected by (name and title printed):		
Fatrick Frank				A.).	Ingram	(EHS)	
Received by (signature):				Inspected by (signature):			
11/1/					ا م		
GC:		'	cc:		cc:		